
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.002 Flexible Premium		
Product Name:	VA-APP 05/13 (CMFG-NIC)		
Project Name/Number:	Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)		

Filing at a Glance

Company:	Transamerica Life Insurance Company
Product Name:	VA-APP 05/13 (CMFG-NIC)
State:	Arkansas
TOI:	A02.1I Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI:	A02.1I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	01/16/2013
SERFF Tr Num:	AEGA-128846541
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	VA-APP 05/13 (CMFG-NIC)
Implementation	On Approval
Date Requested:	
Author(s):	Laurie Bascom
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/24/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: VA-APP 05/13 (CMFG-NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)

General Information

Project Name: Variable Annuity Application Status of Filing in Domicile: Not Filed
Project Number: VA-APP 05/13 (CMFG-NIC) Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/24/2013
State Status Changed: 01/24/2013
Deemer Date: Created By: Laurie Bascom
Submitted By: Laurie Bascom Corresponding Filing Tracking Number:

Filing Description:
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: Transamerica Life Insurance Company
NAIC # 468 - 86231
SERFF Tracking #: AEGA-128846541
VA-APP 05/13 (CMFG-NIC) - Individual Variable Deferred Annuity Application

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This application is only intended for use with policy form number NIC12 VA0513 approved by your department on 11/28/2012 under SERFF tracking number AEGA-128770488. It will be printed and be made part of any policy with which it is used.

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application. You have our assurances the form will contain the same language as approved by your Department.

This application is being sold through CMFG Life Insurance Company (CMFG), a distributor for Transamerica Life Insurance Company (TLIC) and its affiliates. CMFG offers private labeled (MEMBERS®) TLIC variable annuity products for distribution through CMFG's broker dealer and to select third party broker dealers.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: VA-APP 05/13 (CMFG-NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)

Laurie Bascom
Intermediate Filing Analyst
Legal/Compliance Department
Transamerica Capital Management
Phone: 319-355-6813; Fax: 319-355-6820
Email: laurie.bascom@transamerica.com

Company and Contact

Filing Contact Information

Laurie Bascom, Forms Filing Analyst II
4333 Edgewood Road, NE
Cedar Rapids, IA 52499

lbascom@aegonusa.com
319-355-6813 [Phone]
319-355-6820 [FAX]

Filing Company Information

Transamerica Life Insurance Company
4333 Edgewood Road, NE
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781

State of Domicile: Iowa
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form X \$50/form
Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	01/16/2013	66604333

State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium		
Product Name:	VA-APP 05/13 (CMFG-NIC)		
Project Name/Number:	Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/24/2013	01/24/2013

State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium		
Product Name:	VA-APP 05/13 (CMFG-NIC)		
Project Name/Number:	Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)		

Disposition

Disposition Date: 01/24/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Variable Deferred Annuity Application		Yes

State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium		
Product Name:	VA-APP 05/13 (CMFG-NIC)		
Project Name/Number:	Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Variable Deferred Annuity Application	VA-APP 05/13 (CMFG-NIC)	ADV	Initial			VA-APP0513(CMFG-NIC) - Brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Individual Variable Deferred Annuity Application

Home Office: Cedar Rapids, IA

Telephone: (800) 525-6205

✉ Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
🌐 www.transamericaannuities.com

BENEFITS ARE ON A VARIABLE BASIS AND MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

1. PRODUCT INFORMATION

Product (select only one option):
☐ MEMBERS® B-Share
☐ MEMBERS® L-Share
☐ MEMBERS® X-Share
☐ MEMBERS® C-Share

2. PRIMARY OWNER INFORMATION

Type of Owner:

- ☐ Individual⁽¹⁾ ☐ Trust (Trust Certification Form is Required) ☐ Guardianship / Conservatorship
☐ Corporate ☐ Company Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k)) ☐ UGMA / UTMA

Complete Legal Name: _____

Residential Address:⁽²⁾ _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN:⁽³⁾ _____ Date of Birth: _____ Telephone: _____

Gender: ☐ Male ☐ Female

Citizenship: ☐ U.S. Citizen/Entity ☐ Non-U.S. Citizen/Entity (Country: _____)

☐ Resident Alien ☐ Non-Resident Alien

3. JOINT OWNER INFORMATION

If no Joint Owner is listed, Transamerica Life Insurance Company will issue the policy with the Owner listed in Section 2.

Relationship to Owner:⁽¹⁾ _____

Complete Legal Name: _____

Residential Address:⁽²⁾ _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN:⁽³⁾ _____ Date of Birth: _____ Telephone: _____

Gender: ☐ Male ☐ Female

Citizenship: ☐ U.S. Citizen/Entity ☐ Non-U.S. Citizen/Entity (Country: _____)

☐ Resident Alien ☐ Non-Resident Alien

⁽¹⁾ If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

⁽²⁾ The Residential Address must be completed and cannot be a P.O. Box.

⁽³⁾ Social Security Number (SSN)/Tax Identification Number (TIN)

4. ANNUITANT INFORMATION

If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Primary Owner and Annuitant as the same.

Relationship to Owner:⁽¹⁾ _____

Complete Legal Name: _____

Residential Address:⁽²⁾ _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: ☐ Male ☐ Female

Citizenship: ☐ U.S. Citizen ☐ Non-U.S. Citizen (Country: _____)

☐ Resident Alien ☐ Non-Resident Alien

5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

☐ Primary Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes⁽³⁾ ☐ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ☐ Male ☐ Female ☐ Entity or Trust⁽⁴⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

☐ Primary ☐ Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes⁽³⁾ ☐ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ☐ Male ☐ Female ☐ Entity or Trust⁽⁴⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

☐ Primary ☐ Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes⁽³⁾ ☐ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ☐ Male ☐ Female ☐ Entity or Trust⁽⁴⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

⁽¹⁾ If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

⁽²⁾ The Residential Address must be completed and cannot be a P.O. Box.

⁽³⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽⁴⁾ Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.

6. PURCHASE PAYMENT INFORMATION

Type of Annuity Applying for (select only one):

- ☐ Non-Qualified ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ Simple IRA ☐ BENE IRA⁽¹⁾
☐ Non-Qualified Stretch⁽¹⁾ ☐ Profit Sharing Plan⁽²⁾ ☐ Pension Plan⁽²⁾ ☐ 401(k)⁽²⁾ ☐ Other:⁽²⁾ _____

Funding Options:

- ☐ Check/Wire Enclosed ☐ Transamerica Life Insurance Company to request release of funds ☐ Insurance Producer/Client to request release of funds

Source of Funds:

- ☐ New Money / Contribution Money \$_____ if Qualified Plan - Tax Year: _____
- ☐ Non-qualified 1035 Exchange - Anticipated Premium Amount \$_____
If Transamerica Life Insurance Company is to request funds, the IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- ☐ CD/Mutual Fund Redemption - Anticipated Premium Amount \$_____
If Transamerica Life Insurance Company is to request funds, the Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- ☐ Direct Transfer - Anticipated Premium Amount \$_____
If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- ☐ Rollover - Anticipated Premium Amount \$_____
If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**.

7A. ELECTIONS - DEATH BENEFIT

You must select only one Death Benefit option. Your selection cannot be changed after the policy has been issued.

- ☐ Policy Value Death Benefit
☐ Return of Premium Death Benefit
☐ Annual Step-Up Death Benefit

7B. ELECTIONS - ADDITIONAL DEATH BENEFIT RIDER

You can select only one Additional Death Benefit Rider. Elections below may not be available in all states.

- ☐ Additional Death Distribution + (Plus) (ADD+) - Not available if the Policy Value Death Benefit was elected in Section 7A.
☐ Additional Death Distribution (ADD) - Not available if the Policy Value Death Benefit was elected in Section 7A.

⁽¹⁾ Include the deceased information in the Owner Information section.

⁽²⁾ The Qualified Plan Purchase Certification and Acknowledgement and Plan Investment and Services Agreement is required if applying for a Qualified Plan.

7C. ELECTIONS - LIVING/WITHDRAWAL BENEFIT RIDER

You can select only one Living/Withdrawal Benefit Rider. Elections below may not be available in all states.

♦ **Retirement Income Choice®(RIC) Rider**

Election - To elect this rider, select either the Single option or the Joint option.

☐ Single

☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

RIC Rider Options - More than one option may be selected.

☐ Income EnhancementSM

☐ Death Benefit

♦ **Retirement Income MaxSM (RIM) Rider**

Election - To elect this rider, select either the Single option or the Joint option.

☐ Single

☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

♦ **Income Link® Rider**

Election - To elect this rider, select either the Single option or the Joint option.

☐ Single

☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

♦ **Guaranteed Principal SolutionSM (GPS) Rider**

☐ GPSSM Rider - Not available if the Policy Value Death Benefit was elected in Section 7A.

8A. INVESTMENT SELECTION - DOLLAR COST AVERAGING (DCA) PROGRAM

If immediately investing all funds proceed to Section 8B. If any funds are to be allocated in the DCA complete this section.

Transfer from: (maximum caps may apply)

☐ DCA Fixed Account ☐ TA AEGON Money Market ☐ TA AEGON U.S. Government Securities

Frequency and Number of Transfers: (\$500 minimum for each transfer)

Monthly: ☐ 6 ☐ 10 ☐ 12 ☐ 24 ☐ Other: _____ (minimum 6 months/maximum 24 months)

Quarterly: ☐ 4 ☐ 8

8B. INVESTMENT SELECTION - ASSET REBALANCING PROGRAM



Money invested in the Fixed Account is not included. More than one Investment Option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.






















I elect Asset Rebalancing of the variable investment options according to allocations in Section 8C using the frequency indicated below.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

8C. INVESTMENT ALLOCATIONS

For all options listed in this Section, the Initial Percentage (Initial %) column and DCA (if applicable) Percentage (DCA %) column must each total 100%. All options must be entered in whole percentages.


 Some elections in Section 7 have subaccount restrictions. In order to allocate to a specific subaccount  cannot be indicated below for any option elected in Section 7.





























			Section 7 Elections							
Initial %	DCA %	Subaccount Name	Policy Value	Return of Premium	Annual Step Up	ADD/ADD+	RIC	RIM	Income Link	GPS
	N/A	Initial Investment for DCA	✓	✓	✓	✓	✓	✓	✓	✓
		1 Year Guaranteed Period Option * (101)	✓	✓	✓	✓	C	✓	✓	✓
		3 Year Guaranteed Period Option * (103)	✓	✓	✓	✓	C	✓	✓	✓
		5 Year Guaranteed Period Option * (105)	✓	✓	✓	✓	C	✓	✓	✓
		7 Year Guaranteed Period Option * (107)	✓	✓	✓	✓	C	✓	✓	✓
		AllianceBernstein Balanced Wealth Strategy Portfolio (901)	✓	✓	✓	✓				✓
		American Funds - Asset Allocation (903)	✓	✓	✓	✓				✓
		American Funds - Bond Fund (904)	✓	✓	✓	✓	C	✓	✓	✓
		American Funds - Growth Fund (905)	✓	✓	✓	✓				✓
		American Funds - Growth Income Fund (906)	✓	✓	✓	✓				✓
		Fidelity - VIP Balanced Portfolio (858)	✓	✓	✓	✓				✓
		TA AEGON High Yield Bond (820)	✓	✓	✓	✓				✓
		TA AEGON Money Market (829)	✓	✓	✓	✓	C	✓	✓	✓
		TA AEGON Tactical Vanguard ETF - Balanced (783)	✓	✓	✓	✓	B	✓		✓
		TA AEGON Tactical Vanguard ETF - Conservative (784)	✓	✓	✓	✓	C	✓	✓	✓
		TA AEGON Tactical Vanguard ETF - Growth (782)	✓	✓	✓	✓	A			✓

* Premium limits may apply.

8C. INVESTMENT ALLOCATIONS - continued



For all options listed in this Section, the Initial Percentage (Initial %) column and DCA (if applicable) Percentage (DCA %) column must each total 100%. All options must be entered in whole percentages.













ⓘ Some elections in Section 7 have subaccount restrictions. In order to allocate to a specific subaccount  cannot be indicated below for any option elected in Section 7.

			Section 7 Elections							
Initial %	DCA %	Subaccount Name	Policy Value	Return of Premium	Annual Step Up	ADD/ADD+	RIC	RIM	Income Link	GPS
		TA AEGON U.S. Government Securities (828)	✓	✓	✓	✓	C	✓	✓	✓
		TA AllianceBernstein Dynamic Allocation (825)	✓	✓	✓	✓	C		✓	✓
		TA BlackRock Global Allocation (902)	✓	✓	✓	✓				✓
		TA BlackRock Large Cap Value (822)	✓	✓	✓	✓				✓
		TA BlackRock Tactical Allocation (799)	✓	✓	✓	✓	B			✓
		TA Clarion Global Real Estate Securities (812)	✓	✓	✓	✓				✓
		TA Janus Balanced (773)	✓	✓	✓	✓	A			✓
		TA Legg Mason Dynamic Allocation - Balanced (766)	✓	✓	✓	✓	B	✓		✓
		TA Legg Mason Dynamic Allocation - Growth (767)	✓	✓	✓	✓	A			✓
		TA Madison Balanced Allocation (788)	✓	✓	✓	✓	B	✓		✓
		TA Madison Diversified Income (789)	✓	✓	✓	✓	B	✓		✓
		TA Madison Conservative Allocation (789)	✓	✓	✓	✓	C	✓	✓	✓
		TA MFS International Equity (806)	✓	✓	✓	✓				✓
		TA Morgan Stanley Active International Allocation (833)	✓	✓	✓	✓				✓
		TA Morgan Stanley Capital Growth (824)	✓	✓	✓	✓				✓
		TA PIMCO Real Return TIPS (785)	✓	✓	✓	✓	C	✓	✓	✓

8C. INVESTMENT ALLOCATIONS - continued

For all options listed in this Section, the Initial Percentage (Initial %) column and DCA (if applicable) Percentage (DCA %) column must each total 100%. All options must be entered in whole percentages.

 Some elections in Section 7 have subaccount restrictions. In order to allocate to a specific subaccount  cannot be indicated below for any option elected in Section 7.

		Section 7 Elections								
Initial %	DCA %	Subaccount Name	Policy Value	Return of Premium	Annual Step Up	ADD/ADD+	RIC	RIM	Income Link	GPS
		TA PIMCO Tactical - Balanced (777)	✓	✓	✓	✓	B	✓		✓
		TA PIMCO Tactical - Conservative (776)	✓	✓	✓	✓	C	✓	✓	✓
		TA PIMCO Tactical - Growth (775)	✓	✓	✓	✓	A			✓
		TA PIMCO Total Return (823)	✓	✓	✓	✓	C	✓	✓	✓
		TA T. Rowe Price Small Cap (832)	✓	✓	✓	✓				✓
		TA Vanguard ETF Index - Aggressive Growth (780)	✓	✓	✓	✓				✓
		TA Vanguard ETF Index - Balanced (856)	✓	✓	✓	✓	B	✓		✓
		TA Vanguard ETF Index - Conservative (779)	✓	✓	✓	✓	C	✓	✓	✓
		TA Vanguard ETF - Growth (857)	✓	✓	✓	✓	A			✓

9A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

9B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

Skip to Section 9C if you are not initiating the process of Electronic Document Delivery.

By providing an email address in this section, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I consent to receive in electronic format any documents added in the future.

Please call (800) 525-6205 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

9C. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, you will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- ☐ Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record, servicing representative(s) or their support staff. This may include fund transfers, allocation changes and any other changes approved by Transamerica Life Insurance Company. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- ☐ No By checking "No", I am not authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record, servicing representative(s) or their support staff.

9D. OWNER ACKNOWLEDGEMENTS - CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your policy. The amount that will be returned to you if you cancel your policy during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- ☐ I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our policy is canceled within 30 days, the policy value will be returned to me/us.
- ☐ I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the policy value to the investment options selected in Section 8. If I/we cancel the policy within 30 days, any payments will be returned.

9E. OWNER ACKNOWLEDGEMENTS - NORTH CAROLINA APPLICANTS ONLY

All questions in this section must be answered if the issue state is North Carolina.

- ☐ No ☐ Yes Do you believe the selected policy will meet your retirement needs and financial objectives?
- ☐ No ☐ Yes Are your other investments and savings adequate to meet planned expenses and possible financial emergencies without need to liquidate this product and possibly incur a penalty?
- ☐ No ☐ Yes Do you believe that the selected policy is appropriate for your tax status and meets your tax objectives?
- ☐ No ☐ Yes Do you understand that you bear the entire investment risk for all amounts you put in the separate account?

10. OWNER & REPRESENTATIVE/INSURANCE PRODUCER - REPLACEMENT INFORMATION

Both the Owner Response and the Representative/Insurance Producer Response columns must be completed.

Replacement Questions	Owner Response	Representative/Insurance Producer Response
Did the Representative/Insurance Producer present and leave only insurer-approved sales material with the Owner?	Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the Owner have any existing life insurance policies or annuity contracts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will this annuity replace or change any existing life insurance policies or annuity contracts? If yes - Company: _____ Policy #: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

11. OWNER & ANNUITANT SIGNATURES

☐ Please check here if you want to be sent a copy of "Statement of Additional Information."

For Applicants in DC - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Applicants in all other states - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount and will increase or decrease with investment experience.

Signed at: _____
City State

Date: _____ Linking Number: _____

☒ Owner(s) Signature: X _____

☒ Joint Owner(s) Signature: X _____

☒ Annuitant Signature (if not Owner): X _____

12. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES

REMINDER - Please verify a product has been selected in Section 1.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed Transamerica Life Insurance Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

Primary Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____ Phone Number: _____

Firm Name: _____

Firm Address: _____

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Commission Split: ⁽¹⁾ _____ %

Signature: X _____

For Representative/Insurance Producer Use Only - Contact your home office for program information.

Commission options below are based on the product and rider(s) selected.

☒ Option A ☐ Option B ☐ Option C ☐ Option D

(Once selected, program cannot be changed)

Additional Registered Representative(s)/Licensed Insurance Producer(s)

The following Servicing Registered Representative(s)/Insurance Producer(s) must also meet all licensing, appointment and training required to solicit this policy. As a Servicing Registered Representative/Insurance Producer the individual(s) listed below will have the same independent rights to access policy information and submit instructions as are granted to the Primary Registered Representative/Licensed Insurance Producer of Record.

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

⁽¹⁾ **Must be in whole percentages. Total Commission Split in Section 12 must equal 100 %.**

State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium		
Product Name:	VA-APP 05/13 (CMFG-NIC)		
Project Name/Number:	Variable Annuity Application/VA-APP 05/13 (CMFG-NIC)		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.		
Attachment(s):			
Arkansas Reg 19 cert of comp.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
CUNA App - SOV.pdf			

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Individual Variable Deferred Annuity Application

Form Number(s): VA-APP 05/13 (CMFG-NIC)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



Wade A. Wenger
Assistant Vice President – Compliance Officer

01/16/2013

Date

AR Cert

Annuity Application Statement of Variability

VA-APP 05/13 (CMFG-NIC)

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Address/Telephone/Website: To allow for administrative flexibility. Should the location, telephone number, website or other annuity contact information change, this information will be updated accordingly.

Section 1. PRODUCT INFORMATION

Product Name (Marketing Name): To allow for future changes in the marketing name for the annuity.

Section 7A. ELECTIONS – DEATH BENEFIT

The ability to offer different Death Benefits. The current options may be removed and added, but newly approved options will never be added.

Section 7B. ELECTIONS – ADDITIONAL DEATH BENEFIT RIDER

The ability to change and/or make available different types of Additional Death Benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 7C. ELECTIONS – LIVING/WITHDRAWAL BENEFIT RIDER

The ability to change and/or make available different types of Living/Withdrawal Benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 8A. INVESTMENT SELECTION – DOLLAR COST AVERAGING (DCA) PROGRAM

To allow for flexibility to make changes to the DCA accounts.

Section 8C. INVESTMENT ALLOCATIONS

To allow for flexibility to make changes to the Guaranteed Period Options and Investment Allocations being offered. We would also like the ability to revise riders listed at the top of the Allocation table as these will vary dependent on the riders being offered in Sections 7A. Elections – Death Benefit, 7B. Elections – Additional Death Benefit Rider and 7C. Elections - Living/Withdrawal Benefit Rider.

Section 9B. OWNER ACKNOWLEDGEMENTS – ELECTRONIC DOCUMENT DELIVERY

To allow for administrative flexibility. Should the telephone number information change, this information will be updated accordingly.

Section 12. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS AND SIGNATURES

The ability to add or change commission options.